

**MEDICAL CERTIFICATE**

Date 22 MAY 2023

Name of Patient Melam Rosalle

Address Robinson Road


This is to certify that the patient came for Medical Examination and was diagnosed to have \_\_\_\_\_

\* Conjunctivitis, both eyes \*

Recommendation: Rest for 7 days

Other Remarks / Recommendation Absain from work until cleared upth work; suggest covid testing

This certification is issued upon the request of the patient for office compliance

  
MARK GIL J. MARASIGAN, M.D.  
OPHTHALMOLOGIST  
Lic. No. 0112475

Name & Signature of Physician

Ophthalmologist

Lic. No.: \_\_\_\_\_

PTR No.: \_\_\_\_\_

NOT VALID  
WITHOUT DRY SEAL